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#### REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An A	Authorized Con	nmittee	Offic	ce Use Only
NAME OF TYPE OR PRIN     COMMITTEE (in full)		xample: If typing, type ver the lines.	12FE4M5	
Kleinhendler For Congress				ı
ADDRESS (number and street)				
<u> </u>				
Check if different than previously reported. (ACC)			NJ 087	23
2. FEC IDENTIFICATION NUMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
2. TEO IDENTIFICATION NOMBER V				STATE ▼ DISTRICT
<b>C</b> C00554311	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	NJ 03
4. TYPE OF REPORT (Choose One)	(1)			1
(a) Quarterly Reports:	(b) 12-Day <b>PRI</b>	E-Election Report for th	e: 	_
April 15 Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarterly Report (Q1)		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)				
October 15 Quarterly Report (Q3)	Election or	M M / D D	/ Y " Y " Y " Y	in the State of
January 31 Year-End Report (YE)	(c) 30-Day <b>PO</b> 3	ST-Election Report for t	he:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		M M / D D	/ <b>Y " Y " Y " Y</b>	in the
	Election or			State of
M M / D D	Y Y Y Y	М	M / D D / Y	Y Y Y
5. Covering Period 01 01	2020	through	31	2020
I certify that I have examined this Report and to	the best of my k	nowledge and belief it i	s true, correct and co	mplete.
Type or Print Name of Treasurer  Kleinhendler,	Howard, , ,			
Kleinhendler, Howard, Signature of Treasurer	,,	[Electronically Filed]	Date 04	07 / Y Y Y Y Y Y Y 2020
NOTE: Submission of false, erroneous, or incomple	ete information may	subject the person signi	ng this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 17

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Kleinhendler For Congress

2020 2020 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 3931.81 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 3931.81 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 36.00 72672.53 (from Line 17) ..... (b) Total Offsets to Operating 608.33 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 36.00 72064.20 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 85.61 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 70010.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 17

Write or Type Committee Name

Kleinhendler	For	Congress
Kieinnendier	LOI	Congress

Report Covering the Period: From: 01 01 2020 To: 03 31 2020

	I. RECEIPTS	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	3579.00
	(ii) Unitemized(iii) TOTAL of contributions	0.00	100.00
	from individuals	0.00	3679.00
	(b) Political Party Committees	0.00	, 0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	252.81
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	3931.81
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	70010.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	70010.00
1.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	608.33
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	74550.14

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	36.00	72672.53
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
10	LOAN REPAYMENTS:		
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	36.00	72672.53
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	121.61
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		121.61
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	36.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	85.61

#### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 5 17 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kleinhendler For Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. Chase Bank 2020 31 Mailing Address 499 Route 70 City State Zip Code **FEC Identification Number** NJ **Brick** 08723 Purpose of Disbursement Bank Fee C00554311 Candidate Name Amount of Each Disbursement this Period Category/ Kleinhendler For Congress Type Office Sought: Disbursement For: 2014 House 12.00 Senate Primary General Transaction ID: SB17.4373 Other (specify) President Memo Item NJ State: District: Full Name (Last, First, Middle Initial) Chase Bank Date of Disbursement Mailing Address 499 Route 70 28 2020 City State Zip Code **FEC Identification Number** N.J 08723 **Brick** Purpose of Disbursement Bank Fee C00554311 Candidate Name Amount of Each Disbursement this Period Category/ Kleinhendler For Congress Type 12.00 Office Sought: Disbursement For: 2014 House Senate Primary General Transaction ID: SB17.4374 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Chase Bank Mailing Address 499 Route 70 31 2020 City State Zip Code **FEC Identification Number Brick** 08723 Purpose of Disbursement Bank Fee C00554311 Candidate Name Amount of Each Disbursement this Period Category/ Kleinhendler For Congress Type Office Sought: 12.00 Disbursement For: 2014 House Senate Primary General Transaction ID: SB17.4375 President Other (specify) Memo Item State: NJ District: 03 SUBTOTAL of Disbursements This Page (optional)..... 36.00 TOTAL This Period (last page this line number only)..... 36.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 6

13a 13b

OF

		130
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4104
	iddle Initial	Platfore and
<b>LOAN SOURCE</b> Full Name (Last, First, M Kleinhendler, Howard, , ,	idale initial)	Memo Item  Election: 2014  Primary  General
Mailing Address 8 Cabinfield Circle		Other (specify) ▼
City	State	ZIP Code  X Personal Funds of the Candidate
Lakewood	NJ	08701 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Page	ment To Date  Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred	Г	ate Due Interest Rate Secured: (If none, enter 0)
M01 <sup>M</sup> / D06 <sup>D</sup> / Y Ž014 Y	M M / D D	/ Y11/30/2014
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1000.00
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

13a

OF

_						130	
	ME OF COMMITTEE (In Full) leinhendler For Congress				Transa	action ID : SC/10.4106	
	LOAN SOURCE Full Name (Last, Kleinhendler, Howard, , ,	First, Mic	ddle Initial)		☐ Memo Iten	n Election: 2014    X   Primary   General	
	Mailing Address 8 Cabinfield Circle					Other (specify)	
	City		State NJ	ZIP Co 08701	de	✗ Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay		Date Ba	lance Outstanding at Close of This Period	
		.00	Cumulative Fa	yment 10	0.00	50.00	
	TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent		
	<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 05 <sup>D</sup> / Y Ž014	Y	M M / D D	/ Y	11/30/14	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed		
	4. Full Name (Last, First, Middle In	itial)			Outstanding:  Name of Employer	,	
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
SI	JBTOTALS This Period This Page (	optional)				50.00	
TO	OTALS This Period (last page in this	line only	·) ·······			30.00	
l C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8
FOR LINE NUMBER: (check only one)

13a

OF

_						130	
	ME OF COMMITTEE (In Full) leinhendler For Congress				Transa	action ID : SC/10.4108	
	LOAN SOURCE Full Name (Last, Kleinhendler, Howard, , ,	First, Mic	ddle Initial)		☐ Memo Iter	n Election: 2014	
	Mailing Address 8 Cabinfield Circle					Other (specify)	
	City		State	ZIP Co	de	▼ Personal Funds of the Candidate	
	Lakewood		NJ	08701	Data Da	Leave O total floor of Olever of This Period	
	Original Amount of Loan	0.00	Cumulative Pa	yment 10	0.00	llance Outstanding at Close of This Period	
	TERMS Date Incurred		D	Date Due	Interest Ra (If none, ent		
	<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 20 <sup>D</sup> / Y Ž014	Y	M M / D D	/ Y1	1/30/2014 <sup>Y</sup>	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
		T			Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
SI	<b>UBTOTALS</b> This Period This Page (	optional)				10.00	
TO	OTALS This Period (last page in this	s line only	·)		· · · · · · · · · · · · · · · · · · ·		
ı C	arry outstanding balance only to Lli	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a

OF

_						100	
	ME OF COMMITTEE (In Full) leinhendler For Congress				Transa	action ID : SC/10.4110	
	LOAN SOURCE Full Name (Last, Kleinhendler, Howard, , ,	First, Mic	ddle Initial)		☐ Memo Iten	Primary General	
	Mailing Address 8 Cabinfield Circle					Other (specify)	
	City		State NJ	ZIP Co 08701	de	Personal Funds of the Candidate	
	Lakewood  Original Amount of Loop		-		Data Pa	lance Outstanding at Class of This Povind	
	Original Amount of Loan 5000	0.00	Cumulative Pa	yment 10	0.00	lance Outstanding at Close of This Period 5000.00	
	TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent		
	M03M / D10D / Y Ž014	Y	M M / D D	/ Y	, ,	0.00	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
		T <sub>-</sub>	T		Amount Guaranteed		
	City	State	ZIP Code			7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
SI	<b>UBTOTALS</b> This Period This Page (	optional)				5000.00	
TO	OTALS This Period (last page in this	s line only	·) ·······			, , , , , , , , , , , , , , , , , , , ,	
						, , , , , , , , , , , , , , , , , , ,	
l C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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13a

OF

		100
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4111
LOAN SOURCE Full Name (Last, First, N	1iddle Initial)	Memo Item Election: 2014
Kleinhendler, Howard, , ,	.,	Memo Item    Clection: 2014
Mailing Address 8 Cabinfield Circle		Other (specify)
City	State	ZIP Code  Representation of the Candidate
Lakewood	NJ	08701
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	,	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D31D / Y Ž014 Y	M M / D D	/ Y 11//30/14 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
SOBIOTALS THIS PERIOD THIS Page (optional	)	5000.00
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF FOR LINE NUMBER: (check only one)

**X** 13a 13b

_						100	
	ME OF COMMITTEE (In Full) leinhendler For Congress				Transa	action ID : SC/10.4174	
	LOAN SOURCE Full Name (Last, Kleinhendler, Howard, , ,	First, Mic	ddle Initial)		☐ Memo Iten	<b>x</b> Primary	
	Mailing Address 8 Cabinfield Circle					General Other (specify) ▼	
	City		State	ZIP Co	de	<b>✗</b> Personal Funds of the Candidate	
	Lakewood		NJ	08701			
	Original Amount of Loan	0.00	Cumulative Pay	yment To	Date Ba	lance Outstanding at Close of This Period 8000.00	
	TERMS Date Incurred			Date Due	Interest Ra		
	<sup>M</sup> 04 <sup>M</sup> / □14 □ / Y Ž014	Y	M M / D D	/ Y	(If none, ent	0.00	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
SI	UBTOTALS This Period This Page (	optional)				8000.00	
	OTALS This Period (last page in this					0000.00	
l C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12
FOR LINE NUMBER: (check only one)

13a 13b

17

OF

		135		
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4175		
LOAN SOURCE Full Name (Last, First,	. Middle Initial)	Memo Item Election: 2014		
Kleinhendler, Howard, , ,	, madio miliary	Memo Item    Clection: 2014   X   Primary   General		
Mailing Address 8 Cabinfield Circle		Other (specify) ▼		
City	State	ZIP Code  Personal Funds of the Candidate		
Lakewood	NJ	08701		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
8000.00	7	0.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)		
M04M / D30D / Y Ž014 Y	M M / D D	/ 11∛30/14 Y 0.00		
List All Endorsers or Guarantors (if ar	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ze ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Stat	e ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	nal)	8000.00		
TOTALS This Period (last page in this line	only)	······································		
Carry outstanding balance only to LINE 3	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a

OF

		130
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4176
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Kleinhendler, Howard, , ,		<b>x</b> Primary
Mailing Address		General Other (specify) ▼
Mailing Address 8 Cabinfield Circle		Other (specify)
City	State	ZIP Code
Lakewood	NJ	08701 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
25000.00		0.00 25000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M05M / D14D / Y Z014 Y	M M / D D	/ Y 11//30/14 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	v) to Loan Source	70 (487)
Full Name (Last, First, Middle Initial)	y) to Loan Godice	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
	·	
SUBTOTALS This Period This Page (option	al)	25000.00
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

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OF

		100						
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4199						
LOAN SOURCE Full Name (Last, First, M	LOAN SOURCE Full Name (Last, First, Middle Initial)							
Kleinhendler, Howard, , ,	_							
Mailing Address 8 Cabinfield Circle	General Other (specify) ▼							
City	State	ZIP Code  Personal Funds of the Candidate						
Lakewood	NJ	08701						
Original Amount of Loan	Cumulative Pa	Payment To Date Balance Outstanding at Close of This Perio						
7000.00		0.00 7000.00						
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)						
M05M / D21D / Y Ž014 Y	M M / D D	/ Y 11//30/14 Y 0.00 % (apr) Yes X No						
List All Endorsers or Guarantors (if any)	to Loan Source							
1. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
au la	710.0.1	Amount Guaranteed						
City State	ZIP Code	Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
011	o .	Amount Guaranteed						
City	ZIP Code	Outstanding:						
4. Full Name (Last, First, Middle Initial)	•	Name of Employer						
Mailing Address		Occupation						
		Amount Guaranteed						
City	ZIP Code	Outstanding:						
CURTOTAL O TIV. D. V. LTIV. D. V. K. L.								
SUBTOTALS This Period This Page (optional) 7000.00								
TOTALS This Period (last page in this line or	ıly)	······································						
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		135						
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4200						
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014						
Kleinhendler, Howard, , ,	☐ Memo Item    ■   ■   ■   ■   ■   ■   ■   ■   ■							
Mailing Address 8 Cabinfield Circle		Other (specify) ▼						
City	State	ZIP Code  Personal Funds of the Candidate						
Lakewood	NJ	08701						
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period						
5000.00		0.00 5000.00						
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)						
M05 <sup>M</sup> / D27 <sup>D</sup> / Y Ž014 Y	M M / D D	/ Y 11//30/14 Y 0.00 % (apr) Yes X No						
List All Endorsers or Guarantors (if any	) to Loan Source							
1. Full Name (Last, First, Middle Initial)	,	Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)	,	Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page in this line only)								
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.								

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full)  Kleinhendler For Congress		Transaction ID : SC/10.4201
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Kleinhendler, Howard, , ,	Primary  General	
Mailing Address 8 Cabinfield Circle	Other (specify) ▼	
City	State	ZIP Code  Personal Funds of the Candidate
Lakewood	NJ	08701
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
950.00		0.00 950.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M05 <sup>M</sup> / D29 <sup>D</sup> / Y Ž014 Y	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if ar	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)	··	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<b>'</b>	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	950.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3.	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
, , , , , , , , ,	, 101 till	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF
FOR LINE NUMBER:
(check only one)

13a

						135	
	ME OF COMMITTEE (In Full) leinhendler For Congress				Transa	action ID : SC/10.4202	
	LOAN SOURCE Full Name (Last, Kleinhendler, Howard, , ,	Election: 2014    X   Primary     General     Other (specify)   \( \blacktriangleright)					
	Mailing Address 8 Cabinfield Circle						
•	City		State ZIP Co		de	Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Payment To		Date Ba	ance Outstanding at Close of This Period	
	5000.00				0.00 5000.00		
Ì	TERMS Date Incurred	Date Due Interest Rat					
	<sup>M</sup> 06 <sup>M</sup> / <sup>D</sup> 02 <sup>D</sup> / Y Ž014	Υ	M M / D D	/ Y	11/30/14 Y 0.00 % (apr) Yes X No		
Ī	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
-	Mailing Address				Occupation		
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7	
	Full Name (Last, First, Middle Initial)  Mailing Address				Name of Employer		
					Occupation		
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address			Occupation			
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7	
SI	<b>JBTOTALS</b> This Period This Page (	optional)			······	5000.00	
TC	OTALS This Period (last page in this	s line only	·) ·······			70010.00	
						annual to annualists line of 2 annual	
l C	arry outstanding balance only to LI	N⊨ 3, Sch	neaule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.	